Montana Child & Adult Care Food Program
Sponsor of Day Care Homes
Claim for Reimbursement

1. **ADA Total**: _____ (Item #7 + #11 of claim)
2. **Homes Claimed Total** _____ (Item #10 + #14 of claim)
3. **Expenses for Month**: _____ (Item #11Ci of wksht)
4. **Sponsor's Name**: _____
5. **Provider ID#**: _____
6. **Claim Month/Year**: _____

Tier I Homes Data	Claim	_____ Signature / Adj. #1	Date / Total	_____ Signature / Adj. #2	Date / Total
7. **ADA** (Item 5b of wksht)					
8. **Participated** (Item #5a of wksht)					
9. **Number of Meals** (Item #7 of wksht)					
a. Breakfast					
b. Lunch					
c. Supper					
d. Snack					
10. **Homes** (Item #5c of wksht)					

Tier II Homes Data					
11. **ADA** (Item #6b of wksht)					
a. Tier II Hi					
b. Tier II Lo					
c. Tier II Mixed					
12. **Participated** (Item #6a of wksht)					
a. Tier II Hi					
b. Tier II Lo					
c. Tier II Mixed					
13. **Number of Meals** (Item #8 wksht)					
a. Breakfast at Tier II Hi Rates					
b. Lunch at Tier II Hi Rates					
c. Supper at Tier II Hi Rates					
d. Snack at Tier II Hi Rates					
e. Breakfast at Tier II Lo Rates					
f. Lunch at Tier II Lo Rates					
g. Supper at Tier II Lo Rates					
h. Snack at Tier II Lo Rates					
14. **Homes** (Item #6c wksht)					
a. 100% Tier II Hi Rates					
b. 100% Tier II Lo Rates					
c. Tier II Mixed					
d. Subtotal Tier II					

I certify that, to the best of my knowledge and belief, this claim is true and correct. There are records to support this claim; it is in accordance with an existing agreement, and payment has not been received.

Signature/Title Date Phone Number

Note: During any fiscal year, administrative cost payments may not exceed 30% of the total amount of administrative cost payments and food service payments. Attached to this claim is the Financial Spreadsheet and list of the names, addresses, and amount of reimbursement for each day care home covered by this claim. Submit claims by the 10th day of the month following the month covered to: Child and Adult Care Food Program, Department of Public Health and Human Services, 111 N Jackson St 5th Floor, PO Box 202925, Helena, MT 59620-2925. Toll Free 888-3-7-9333. Please retain a copy for your file.